

WRIT. LAINLY WITH UNFADING INK—THIS IS A PERM
use of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in
order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164
County Registrar No. _____
Local Registrar No. 582

No. 4094 Highland Ave.
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Isabelle May Howard { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Mch. 17, 1926
Month Day Year

8. FATHER
Full name Walter Howard
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
10. Color or race Cauc. 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Corrin, Miss.
(State or country)

13. Occupation
Nature of Industry Miner

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead _____
(c) Stillborn _____

14. MOTHER
Full maiden name Ozella Barran
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
16. Color or race Cauc. 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Corriente, Miss.
(State or country)

19. Occupation
Nature of Industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 6 A. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byrle M. Brown M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report.
Month, day, year

Filed Apr 22, 1926 Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

944-317-425